

# Utah State Hospital Adolescent/Youth Unit General Ward Rules

## **Service Area Profile**

To provide multi-disciplinary treatment in a hospital setting for youth to develop competence in life skills and behavioral self control in order to maximize their potential for productive living.

## **Guiding Principles**

Youth will be treated in the context of their families and returned to a community setting. Treatment will strengthen and support families in a culturally sensitive setting.

Treatment will be based on integrated, multidisciplinary approach.

Treatment will be provided in an atmosphere of conscientious collaboration with CMHC's and associated agencies as well as the youths family and school.

Individualized treatment will be based on the patients strengths and needs focusing on positive motivation and enhancement of patient skills and potential.

Individualized treatment will be based on the patient's strengths and needs focusing on positive cognitive and behavioral approaches.

Safety and dignity of patients and staff will paramount considerations in treatment design.

Treatment will embody recognition of the importance of academic achievement and social integration in the academic setting.

Treatment efficacy will be monitored through standardized outcome measures, clinical documentation and level of community adjustment.

## **Supporting Values**

Teamwork

Consistency

Staff being positive " role models"

Each youth needs to feel important

Each youth needs to feel " safe "

Build on "patient strengths"

Staff must see events through the eyes of the patients

"Empower" patients

Reunite families

Teach

## **Treatment Philosophy**

The Adolescent Center adheres to the philosophy of adopting or utilizing any idea, theory or practice that appears in the best interest of the child and helps to produce a positive outcome. Our approach then, tends to be very open, flexible, eclectic and reality oriented. The treatment program draws upon principles from learning theory, reality theory, therapeutic community and psychodynamic theories. The center offers an individualized educational program providing combinations of academic and vocational education. *To provide excellent inpatient service to the seriously emotionally disturbed youth of Utah*

## Introduction

The Adolescent Center of the Utah State Hospital is a residential treatment program for seriously emotionally disturbed youth. It was developed in March of 1964 in response to an urgent need within the State of Utah to provide structured care and treatment for youth who are considered to be a danger to themselves or others. We provide care and treatment for youngsters who cannot be contained in the community and for whom all community based treatment resources have been exhausted. The Adolescent Center is designed to house 24 girls and 24 boys between the ages of 13 and 18. We accept patients from all areas of the state. All referrals are made through a local community mental health center.

## Adolescent Unit Staff (GYD/BYD)

### JOB TITLE

Clinical Director (1)

Staff Psychiatrist GYD (1)

Staff Psychiatrist BYD (1)

Administrative Director GYD(1)

Administrative Director BYD(1)

Psychologists BYD/GYD/Childrens(2)

Social Workers GYD (2) BYD (2)

Registered Nurses GYD/BYD (10.5)

LPN/Unit Clerks GYD/BYD (3)

Environmentalist GYD/BYD (1)

Mentors GYD (2) BYD (2)

Psychiatric Technicians GYD (16 ) BYD (16)

Pediatrician (1)

Recreational Therapists GYD(1) BYD (1)

Recreation Technicians GYD (1) BYD (1)

Secretaries GYD(1) BYD (1)

Director of Education (1)

School Secretary(1)

Teachers: GYD (2) BYD (2)

Educational Assistants: GYD (2) BYD (2)



## Service Area Protocol

### **Confidentiality and Disclosure of Information**

Medical records are confidential. The medical record is the property of the hospital and is maintained for the benefit of the patient, the medical staff, and the hospital. The hospital is responsible for safeguarding both the record and its informational content against loss, defacement, tampering, and from use by unauthorized individuals. Written consent of the patient or his/her legally qualified representative is required for the release of medical information to persons not otherwise authorized to receive the information. Authorization for Release of Information forms can be found in the secretary's office. Even verbal information about patients is not to be shared without proper authorization.

### **Emergencies**

All Emergencies - Dial 44222 for immediate attention. This phone number will contact the switchboard operator who will coordinate efforts in dealing with the emergency.

**Elopement** - Call switchboard to contact security. Give a description of patient and any information about where he/she was last seen, what direction he/she left in, how long he/she has been gone, etc. If coverage allows, staff will immediately go in search of the patient. The unit nurse will then call the unit doctor, administrative director, SRN, hospital superintendent, and parents and/or DFS caseworker. After hours, the shift supervisor is notified and will contact the hospital administrator. The nurse will cooperate with hospital security with regard to contacting police. The treatment coordinator will contact the mental health center either that day or the next working day. Code Blue

**Code Blue** - The Utah State Hospital uses a Code Blue message broadcast over the public address system to notify all medical and nursing personnel of emergency situations involving a cardiac and/or respiratory arrest. A Code Blue message can also be used in other medical emergencies when loss of life is imminent to summon additional medical and nursing staff. Any staff member discovering a patient with a cardiac/respiratory arrest shall immediately use the emergency number 44222 to contact the switchboard. The staff member discovering the patient shall also be responsible for initiating CPR. Code 10

**Code 10** - The Utah State Hospital uses a Code 10 message broadcast over the public address system to notify all hospital personnel of an emergency situation involving a security problem. A Code 10 security message can be used in the event of a security problem in the service area dealing with patients, visitors, or intruders to increase the number of personnel available in the area. Personnel responding to the Code 10 broadcast can include hospital security, nursing services personnel not essential for area coverage, and professional staff who have received violence training through the USH Staff Development classes. Any staff member may request a Code 10 message be broadcast. The decision to do so rests in the professional team members present. Code Red

**Code Red** - In the event of a Code Red, the following procedures should be followed:

Remove patients  
Pull Fire Alarm  
Dial 44222  
State PROBLEM AND LOCATION TWICE  
Close doors and windows (do not lock doors)  
Fight fire - if manageable

### **Grooming and Dress Standards**

Standards of grooming and dress are to be followed by all employees of the Utah State Hospital to insure positive role models for patients, to present a positive appearance to the public, and to reduce the possibility of accident or the transmission of infection. The Utah State Hospital and Adult Services follows the Department of Human Services Dress Standard Guidelines.

### **Inservices**

Appropriate programs and training for administrative, clinical, and support personnel are provided. These in-service training programs contribute toward the preparation for better qualified personnel, improved patient care, and for the preparation of added responsibilities. All employees are required to complete yearly mandatory training. Documentation verifying the participation of all personnel is kept on computer file by the Staff Development secretary. Staff Development maintains copies of training competencies, objectives, content outlines, and competency measurements for all mandatory in-service. This training includes reviews and updates in:

- Infection Control/Universal Precautions/Hazardous Materials
- Life Safety/Fire and Disaster Response
- Patient Rights/Confidentiality
- Violence Prevention (verbal interventions)
- Code of Conduct
- CPR (every 2 years)
- Defensive Driving (occasional driver, every 3 years; regular driver, every year)
- Adolescent Unit Orientation

All employees who provide direct patient care are required to complete the SIT training. This list of mandatory in-service will be continually updated.

### **Maintaining Facility**

While the hospital provides housekeeping staff to maintain a hygienic environment for patients and staff, extra help is needed in order to keep the facility at its best. If you see something that needs to be done, it is everyone's responsibility to pitch in and help. The Adolescent Unit is what we as employees make it. No one is above helping out when something needs to be done.

### **P.A. System**

Please use the P.A. system only when necessary and keep the announcement short and professional. Even though overhead announcements are necessary at times, they are disruptive to everyone.

### **Supplies**

Supplies for front office staff are ordered by the secretary. Supplies are stored in

the secretary's office. If you have a special office supply request, submit it to the secretary and she will place the order; otherwise, you will find most supplies that are consistently used by all staff stocked in her office. Supplies for the unit are ordered by Sean Herde for the BYD and Dorothy Marsh for the GYD, who then supply a list to the secretary by Tuesday so that the order can be placed into the computer for the warehouse. Orders are then delivered on Wednesday afternoon.

### **Telephones**

Incoming calls can be placed directly to your phone by using the prefix 344 in front of your extension number. If you are not at your desk, your calls can be forwarded to your area secretary. She can either page you if you are in the building or can take a message. Phone messages will be placed in your staff box. If you move to a new office, department, or building and want your phone calls to follow you, it will be necessary, and appreciated, to contact the switchboard and inform them of such moves. This is the responsibility of the person moving. Personal calls should be kept to a minimum. It is not appropriate to make long distance calls at the state's expense.

### **Work Orders**

If something needs to be fixed or replaced in either the office area or in the patient area, the information needs to be submitted to Lorna Bird, Psych Tech Coordinator who will put a work order in to Maintenance. If there is an emergency, call Maintenance immediately and inform them of the problem. After you have called Maintenance, please let Stella know of the problem so she can follow-up this request by submitting a work order through the computer.

### **Work Schedules**

As employees of Utah State Hospital, you are expected to maintain appropriate, approved work schedules. Please be on time and stay until the end of your shift. If you are unable to keep that schedule, you are expected to call your immediate supervisor or the supervisor's designee and inform that person that you will be late or you will need to use sick leave that day. Annual leave and overtime must be approved in advance and the request should be submitted to your immediate supervisor directly. Please arrange to have your responsibilities covered while you are gone in all situations. Lunch breaks and other breaks cannot be taken during the first or last hour of the day or used to shorten the work day. These procedures will be helpful in tracking staff time more efficiently and will help in processing time sheets.

### **Infection Control**

There is an active hospital-wide infection control program. Measures have been developed to identify and to control infections acquired at the Utah State Hospital or brought from the community to the hospital.

### **Universal Blood and Body-Fluid Precautions**

All patients admitted to the Utah State Hospital are on body fluid precautions for the duration of their stay. All Utah State Hospital employees routinely use appropriate precautions to prevent skin and mucous membrane exposure when contact with blood and other body fluids of any patient is anticipated.

Hands and other skin surfaces are washed immediately and thoroughly if

contaminated with blood or other body fluids. Hands are washed immediately after gloves are removed.

To prevent needlestick injuries, needles are not recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand.

Pocket masks and ambu bags are available in patient care areas where the need for resuscitation is possible.

Employees who have exudative lesions or weeping dermatitis do not do direct patient care nor handle patient care equipment until the condition resolves.

Eating, drinking, applying cosmetics or lip balm, and handling contact lenses by employees are prohibited in work areas where there is reasonable likelihood of occupational exposure (i.e., laboratory, medical treatment rooms, laundry, sterile supply, patient rooms, utility rooms, medication rooms).

Food and drink are not kept in refrigerators, freezers, cabinets or on shelves, countertops or benchtops where blood or other potentially infectious materials are present.

### **Infectious Waste**

Infectious waste material will be designated as such by nursing and laboratory personnel and will be properly bagged in liners and tied. Bagged infectious waste is deposited in green "Infectious Waste Containers" by nursing and laboratory personnel. Infectious waste containers are checked on a weekly basis and full boxes are transported to the designated holding room of the Medical Services Building. All infectious waste containers and the holding room of the Medical Services Building are cleaned and disinfected every ninety days or at any time when there is visible contamination. During all handling, cleaning, and decontaminating procedures, personnel practice universal precautions.

### **Employee Theft or Financial Impropriety**

Utah State Hospital employees are expected to use state resources honestly and to follow the Department of Human Services Code of Ethics. This includes respect for other hospital employee and patient belongings. In accordance with the Division of Finance Employee Theft or Financial Impropriety policy, problems or potential problems involving employee theft or financial impropriety are immediately reported to the appropriate hospital personnel. Disciplinary action will be taken in the event of a violation resulting in personal gain, harm, or loss to another employee, the state, or a client. Disciplinary action includes, but is not limited to: Reprimand, verbal warning, corrective action, suspension, demotion or termination, and legal action. Definition of theft and financial impropriety is as follows:

Theft: Obtaining or exercising unauthorized control over the property of another.

Financial Impropriety: Misuse of state funds for personal gain or other inappropriate activities.

### **Identification Cards**

Identification cards are used to identify by name, title or position all employees and students working at the Utah State Hospital. Employees identify themselves and their professional status to patients as care is provided by wearing their ID card. Employees wear their ID card to provide identification as needed for

receiving pay checks, signing out state cars, signing out keys for use of facilities, gaining access to USH in the event of a disaster, etc. ID cards are returned to the Human Resources Office upon employee termination or completion of student rotation. ID cards are to be worn at all times while working at the hospital.

### **Key Control**

Key control is the responsibility of the Hospital Director of Safety Management and the Supervisor of Buildings and Grounds. All locksmith services, including repair, key or lock changes or replacements, duplicate or replacement for existing locks, and lock changes and additions within a unit or department are procured only through the established procedure. Keys issued in accordance with this policy may not be duplicated by the holder. Such action constitutes grounds for corrective action or termination. New Hires

**New Hires:** Employees are assigned an identification number which appears on the key tag issued by the personnel technician at the time of hire. The secretary to the Director of Safety Management issues keys to new hires at which time the employee reads and signs a Key Agreement card which lists the keys issued to the employee and penalties for violating agreement. Transfers

**Transfers:** When a current employee transfers from one area to another, he/she must have a completed Transfer Key form signed by the Administrative Director of the area from which they are transferring and the Administrative Director of the area to which they are transferring.

**Terminations:** Upon termination, the employee turns his/her keys to the secretary to the Director of Safety Management.

Keys are issued only to those individuals demonstrating a need on a continuing basis. Additional requests for keys are issued when the person making the request completes an Additional Key Request card. The employee is responsible for the cost of replacing lost keys. The cost for replacing a key or a set of keys is \$20.00. This fee must be paid before a new key or set of keys is issued. Keys are not the property of the individual but are the property of Utah State Hospital.

### **Patient and Patient Living Area Search**

Utah State Hospital provides a safe and secure environment for patients, staff and visitors. To accomplish this, identified items are not allowed on hospital grounds and/or in treatment areas (i.e., weapons, firearms, contraband, etc.) and may be confiscated in accordance with this policy. Each Service Treatment Director is responsible to define those items which may be considered contraband. A comprehensive definition can be found in the Utah State Hospital Operational Policy and Procedure Manual. In the event that a search becomes necessary, the Service Area Clinical Director, Service Area Administrative Director, and/or Service Area Program Director are notified. The patient or a patient representative may be present when rooms and/or personal belongings are being searched. Searches are conducted under the direction of the Hospital Security Office and are carried out by staff members who are trained and certified to conduct a search. Patient belongings are handled with the utmost care and respect by members of the search team. A search is not complete until



the area and other items are restored to their original or improved state. Any items confiscated are recorded and pertinent information is documented in the patient's record. A written report of the search is completed and submitted to the person initiating the search and to the Hospital Risk Management Department.

## **Patient Policies and Guidelines**

### *Abuse/Respect*

All people (staff, patients, family and community members) are treated with dignity, kindness and respect at all times. No physical abuse of self, others, or ward property will be tolerated. No threatening behavior or abusive language is allowed. Patients are not allowed to punish other patients when they see abuse, they should instead ask for staff assistance.

### *Attire*

Patients must be fully clothed while on the ward. Dress and appearance must be modest and clean. Attire considered inappropriate include: Tee shirts with inappropriate messages; halter or tank tops; tube tops; immodest shirts, blouses, skirts, and shorts; or clothing which reveals a bare midriff. Shorts are to be no shorter than mid-thigh. Exceptions will be made depending on the activity.

Appropriate sleepwear such as pajamas, nightgowns, or sweats should be worn to bed - it is not appropriate to wear street clothes to bed.

### *Consumable Items*

Items that are brought in by visitors need to be limited to only those amounts that will be consumed during the visit. Open containers should not be brought in by visitors.

### *Contraband*

Drugs, alcoholic beverages, weapons, drug paraphernalia, etc. are not allowed on hospital grounds.

### *Fraternization*

Opportunities to develop meaningful relationships and social experience are healthy and are encouraged. Supervised dances, activities, and informal gatherings are supported and valued. We discourage the development of romantic associations while a patient is at USH. Sexual relations between patients are prohibited.

### *Health/Sanitation*

Good hygiene and sanitation are essential to provide a safe and healthy environment. To maintain such an environment, patients are expected to:

- Bathe and brush their teeth daily.
- Keep hair clean and groomed (beards included). Patients are expected to shampoo regularly.
- Keep clothes clean, neat and mended.
- Wash hands after using the rest room and before meals.
- Assure personal areas of their room are clean and orderly, including locker, dresser, and bed area.
- Bedding and linen must be changed once a week as per laundry schedule.
- Personal hygiene must be appropriate in order for an individual to participate in activities outside of the patient living area, i.e. recreation, groups, passes, visits.

### *Lending/Borrowing*

Patients are discouraged from borrowing, lending, selling, or giving away of property to other patients unless this has been approved by their treatment team. Patients are not allowed to give staff any property or gifts. It has been the experience of the hospital that problems can arise when these guidelines are not followed closely. Theft will not be tolerated.

#### Passes- (BYD)

White Passes are valuable tools which allow for greater patient freedom and responsibility. The use of passes must be listed as a modality in the ICTP and must be tied to a treatment problem with specific objectives. The treatment team will take an active part in helping patients to achieve the various levels of passes. the treatment team must approve the pass and the Doctor must write an order before the pass can be given to the patient. The industrial pass (white pass) may be issued after SMT and Treatment Team review. Parent/Guardian permission must be given either in written or verbal form. Patients must check out and in using the appropriate form. All passes are contingent on appropriate behavior and attire. Usage of a pass should not conflict with scheduled activities or appointments.

White/Industrial - The patient may escort himself/herself to and from industrial assignments or other destinations as requested. Staff are to call the destination to inform them that the patient has left the nurse's station. Staff at the destination will then contact the nurse's station to inform them that the patient has/has not arrived at the destination. The opposite of the above will pertain when the patient leaves the destination to go back to the nurse's station.

Personal possessions should be kept in a locked locker at all times, this includes items such as toiletries, radios, valuables, and cash. Items such as those contained in aerosol cans, glass containers (or items that could be used for cutting), are not allowed on the dorm.

Radios: Listening to radios is part of leisure time enjoyment. When patients listen to their radio, the use of head sets is encouraged. While listening to a radio without the use of head sets, it is encouraged to keep the volume down so others are not disturbed. Listening to radios is limited to those times when it will not interfere with other scheduled activities such as groups or other therapies. The maintenance of a patient's radio (including the obtaining of batteries for battery-operated appliances) will be their responsibility. All electrical devices need to be inspected by hospital electricians before they are plugged into electrical outlets.

Identification of radios needs to be arranged, patients should contact their treatment team for both inspection and identification of their personal radio. Their radio will need to be logged in by hospital personnel as part of their personal property.

#### Respect for Property/Equipment

The respect for personal and hospital property and equipment is important for the success of this program; therefore, the abuse of hospital property or the property of others will not be tolerated. Patients or staff may be held responsible for any damage.

#### Roll Calls

On occasion (and for accountability purposes) roll calls are required. Patients are asked to cooperate so rolls can be taken as quickly as possible as not to be intrusive.

### Sexual Harassment

Federal and state guidelines prohibit sexual harassment of any kind. The following guidelines are extracted from published materials from the State of Utah:

Sexual harassment is any interaction that is sexual in nature, that is repeated, unwanted, unsolicited, non-reciprocal, coercive, intimidating, or without mutuality. Sexually harassing behaviors can be identified in three categories:

Visual: Constant leering, suggestive ogling, offensive signs and gestures, or open display of pornographic and other offensive materials.

Verbal: Dirty jokes, sexual suggestions, highly personal innuendoes, and explicit proposition.

Physical: "Accidentally" brushing up against the body, patting, squeezing, pinching, kissing, fondling, forced sexual assault, and/or rape.

If a patient has any concerns that they wish to discuss, they should talk with their treatment team.

### Sharps

A general rule is that glass, razors, and sharp items are not allowed on the dorm. If permission is granted these items must be supervised by staff or requested through the treatment team.

### Telephone

Patients have the right to conduct private telephone conversations with family and friends, unless clinically contra-indicated. Telephone calls may be made from the phone in the psych tech station. Calls will not be monitored unless specified by doctor's order. Abusive language is not permitted and will result in termination of the call. Calls may be made between 7:00 a.m. to 9:00 p.m. Phone calls are generally limited to 5 minutes but may be longer if no one is waiting to use the phone.

### Transportation

State law prohibits the transporting of patients in other than state owned motor vehicles. While a patient is a passenger in a state vehicle, they must wear the seat belts. Smoking in a state vehicle is prohibited by the Clean Air Act. Patients should cooperate with the driver of the vehicle and comply with the directions that he or she may give.

### Visits

On Ward: Visits by family members and significant others are encouraged. Patients should remind their visitors of the need to comply with the above listed rules and guidelines. A list of rules and guidelines for visitors is available. Visitors should be cautioned to secure valuable items in their car. Visitors need also to comply with the requirement to visit patients only in the authorized visiting areas. Visitors are not allowed in the patient living area unless otherwise directed by charge nurse. Church volunteers fall into the same category as visitors and should conduct their visits in the approved visiting areas. Supervised visits are to be limited to one hour. On Grounds/Off Grounds

On Grounds/Off Grounds/Home visits: Off ward visits need to be cleared with the treatment team prior to the arrival of the visitor. Patients should submit a request or have the visitor call the treatment team to arrange for a visit. Plans for an overnight visit away from the hospital need to be cleared well in advance (at least three days) so that arrangements for medication can be made and medical clearance for the visit can be obtained.

## **Patient Care**

### **I. Patient Care**

#### *Communicating Patient Care/Concerns*

We will always be developing improved ways to communicate information concerning patient care. The nursing cardex is an important source for patient information. It is kept up-to-date by the nurses and will be at the nurse's station where the patient is assigned. Important information is transmitted daily at Change of Shift. Our unit has an "open door" policy where employees are encouraged to contact unit administration and treatment coordinator with any concerns or matters needing clarification.

## **Disciplines**

### Nursing

The nursing discipline is made up of RN's, LPN's and psych techs. The major goal of the nursing discipline is to provide quality patient care. The nursing discipline provides 24 hour a day patient care. They assist, teach, and coach patients in skills that will help them be as independent and functional as possible with their illness. The RN develops a nursing treatment plan for each patient. He/she is responsible to make sure this plan is followed and is effective. The RN supervises both LPN's and psych techs. All nursing staff monitor the patients well-being and give input into the treatment plan.

### Psychology

Psychological services, which are provided by PhD level psychologists, are aimed at providing in- depth diagnostic information and advance therapeutic interventions. Psychological testing is administered to provide an objective understanding of a patient's personality, cognitive abilities, intellectual abilities, and neuropsychological functioning. Consultative services are available to setup personalized behavioral interventions with patients. Additionally, advanced psychotherapeutic treatments can be provided, including biofeedback and neurofeedback.

### Social Work

Social Work Services believes in the importance of attention to the psychosocial needs of patients and their families and in the evaluation and treatment of crisis and disability resulting from the emotional, social, and economic stresses of illness. Social Workers are assigned to treatment teams, with the Clinical Director, Administrative Director, and Director of Social Work Services having responsibility for the supervision and direction of each social worker. The social worker joins with other team members in clinical staffings and other treatment-focused meetings and contributes his/her unique skills in the formation and implementation of treatment plans.

### Therapeutic Recreation Therapy

The recreation therapist offers broad, comprehensive, and flexible programs to fit individual needs of patients and to meet their treatment plan goals. The overall purpose of the service is to assist patients to overcome problems through a therapeutic recreation approach and to facilitate the development, maintenance,

and expression of an appropriate leisure lifestyle for individuals with physical, mental, emotional, or social limitations. This purpose is accomplished through the provision of professional programs and services which assist the patient in eliminating barriers to developing leisure skills and attitudes, and optimizing leisure involvement.

The discipline believes that leisure, including recreation and play, are inherent aspects of the human experience. Leisure involvement has great value in human development, in social and family relationships, and in general, adds to the quality of one's life. Some human beings have disabilities, illnesses, or social conditions which limit their full participation in the narrative social structure of society. These individuals with limitations have the same human rights to, and needs for, leisure involvement.

### **Patient Assessments**

The assessment aspects of the psychiatric record are the foundation for the formulation of an individualized treatment plan. The hospital is organized into special treatment units, with unique program emphasis, resulting in varying assessment responses. Each treatment unit is responsible for conducting a complete assessment of each patient, including clinical consideration of the patient's needs. The assessment includes, but is not limited to physical, emotional, behavioral, social, recreational, and when appropriate, legal and vocational needs.

#### Psychiatric Assessment

An emotional and behavioral assessment of each patient is completed within 24 hours of admission and entered in the patient's record. The assessment includes, but is not limited to:

- A history of previous emotional, behavioral, substance abuse problems, and treatment.
- The patient's current emotional and behavioral functioning.
- A direct psychiatric evaluation.
- A mental status examination appropriate to the age of the patient.

An annual psychiatric assessment update is also done on each patient on their admission anniversary date.

#### Physical Examinations

A physical examination is completed within 24 hours of admission. The process and results of the examination are documented by the physician/nurse practitioner in the patient's record. Every patient is given an annual physical in order to update the patient's record.

#### Nursing Assessment

Utilizing the nursing process, initial nursing assessments will be done on all patients on admission. Nurses will continuously collect data and assess the psychological and physiological status and progress of patients with reference to identified problems and treatment goals.

#### Individual Comprehensive Treatment Plan (ICTP)

An individualized comprehensive treatment plan (ICTP) is developed for every patient within 14 calendar days of admission to the Utah State Hospital. The responsibility for input and development of an ICTP is shared by the patient's

clinical team. The psychiatrist assigned to admit a patient completes a psychiatric assessment within the first 24 hours. Part of that assessment is a preliminary treatment plan based on the patient's presenting problems, physical health, emotional status, and behavioral status. The ICTP reflects the participation and involvement of staff from the various professional disciplines. It contains specific goals that the patient must achieve to attain, maintain, and/or re-establish emotional and/or physical health as well as maximum growth and adaptive capabilities. The plan contains specific objectives, written in measurable terms, that relate to the goals and include expected achievement dates. The treatment plan is to focus on using the patient's strengths in helping him/her to achieve treatment goals. The treatment plan describes the services, activities, and programs planned for the patient, and identifies the staff members assigned to work with the patient. The plan specifies the frequency of treatment procedures. The treatment plan also delineates specific criteria to be met for termination of treatment. The patient participates in the development of his/her treatment plan and such participation is documented in the patient's record. Each patient's ICTP is reviewed and updated by multi disciplinary clinical staff conferences every thirty days to determine adequacy of the plan and/or changes indicated. Documentation of the thirty day review is accomplished by making an entry in the blue Progress Notes. This note is entered by a member of the patient's treatment team and is identified as the thirty day review note.

#### *Social History*

A social assessment of each patient is completed within 14 days of admission which includes information relating to the following areas:

- Environment and home
- Religion
- Childhood history
- Military service history
- Financial status
- The social, peer-group, and environmental setting from which the patient comes; and the patient's family circumstances, including the constellation of the family group; the current living situation, and social, ethnic, cultural, emotional, and health factors including drug and alcohol use.

#### *Recreational Therapy Assessment*

An activities assessment of each patient is completed within 14 days of admission which includes information relating to the individual's current skills, talents, aptitudes, and interests. An annual update assessment is completed to document patient's progress and needs.

#### *Discharge Summary and Aftercare Plan*

A discharge summary dictated and signed by the patient's attending physician and the patient's treatment coordinator is entered in the patient's record within 14 days following discharge. The discharge includes the results of the initial physical and psychiatric assessment and diagnosis. The discharge summary includes a clinical resume that summarizes the following:

- The significant physical and psychiatric findings.
- The course and progress of the patient in the hospital with regard to each



identified clinical problem.

- The clinical course of the patient's treatment.
- The final assessment, including the general observations and understanding of the patient's condition initially, during treatment, and at discharge.
- The recommendations and arrangements for further treatment, including prescribed medications and aftercare.

The discharge summary includes the final primary and secondary diagnosis. A written aftercare plan that provides reasonable assurance of continued care is developed with the participation of the appropriate mental health center staff, other professionals in the community who may be involved, the patient, and when indicated, the family or guardian.

**Environment** - We feel it is an integral part of the program to provide a pleasant, comfortable, home-like atmosphere as far as our facilities will allow. Males and females are housed separately, however, ample integrated time is encouraged to develop healthy interpersonal relationships. We also try to minimize or eliminate any dehumanizing practice or procedures that might be present in an institutional setting. We emphasize the dignity of each adolescent and protect their patient rights. Structure and Limits

**Structure and Limits** - Many of the adolescent coming to the Youth Center are out of control and beyond the community's ability to contain or set appropriate expectations. The need for structure and limits is vital. We assist adolescents in developing behavioral control with a focus on providing meaningful treatment experiences.

**Individualized Treatment Programs** - All patients are involved in a meaningful and significant individualized treatment program. Patients are involved in providing input and making decisions regarding their treatment program. We expect our patients to be responsible, appropriate, active and involved in their own treatment and concerned about others.

We have patients admitted to the Youth Center with a variety of problems and behaviors. Some require close structure, limits and security, with a very sober, slow program as far as level advancement are concerned. Others are very disturbed or disabled and need greater privilege, freedom and support. Our challenge then is to build into our program processes that encourage appropriate limit setting and supervision.

**Therapy** - Therapeutic processes at the Youth Center are designed to meet the unique problems of the adolescent population. It includes various types of regularly scheduled group therapy utilized to meet specific needs. These include but are not limited to social skill enhancement, anger management, sex offender treatment, enhancing problem solving skills, and improved activities of daily living skills. In addition, individual therapy is offered for many adolescents depending on their ability to profit from this type of therapeutic intervention.

**Family Therapy** - Past experiences indicate the family is a very important part of the adolescent's life and their involvement in the treatment progress is vital. Family participation is maintained through individual family sessions or multiple

family groups, weekly family contacts, and invitation to clinical staffings. We also invite parents to a parent support group held in Salt Lake City in conjunction with Valley Mental Health.

**Recreational Therapy** - We place a great emphasis on recreation in our program because many of our adolescents come from backgrounds where they have been deprived and lack the skills or willingness to participate in recreational activities. It is an affective means by which emotionally disturbed adolescents can integrate physical activities with emotional and social needs.

We have found that many of our adolescents have special problems and respond to an individually designed recreational therapy program. Staff involvement is important in promoting success experiences and in building relationships.

**Education and Career Education** - Frequently, youth admitted to the Hospital have a history of failure or dissatisfaction in school. An accredited individualized educational program with combinations of academic and career education is a vital part of the therapeutic program. Testing is done to identify and focus the patient's needs. The school program is then organized to provide success experiences and accomplishment in an education setting.

#### **Staff Attitude and Position**

Staff must have qualities of flexibility, adaptability and creativity in order to experiment with new ideas and procedures. Circumstances and conditions have their effect upon programs as well as the numerous kinds of problems we find in patients. We are constantly seeking new and better ways to providing treatment. We have pride in our program and feel we have made considerable progress over the years in developing a quality program.

#### **Recreation Therapy**

The recreation therapist functions as part of the interdisciplinary team with the responsibility of assessing each patient as to his or her recreation/leisure needs, interest and skills. The recreation therapist then makes recommendations which addresses those needs, interests and skills in setting up a TR program to aid in the therapy of each patient. This program should help prepare the patient for release, improve his or her quality of life while a patient at the USH, and prepares the patient to function more appropriately when they are placed back into a community setting.

#### **Vocational Rehabilitation**

An individual with mental illness has as much right as any other handicapped individual to be counseled, trained, and given the opportunity to compete in the world of work. It has been proven time and time again that work is as therapeutic, if not more therapeutic, as other areas of treatment. Our major goal at USH is to give patients every chance to learn, work, grow confidence, and live as independently as possible in the least restrictive environment. Our thrust is in helping people to help themselves become as vocationally, socially, and economically independent as possible without constructing overprotection.

The vocational program of USH provides assessment, vocational evaluation, counseling, consultation, industrial therapy, job training, on-the-job evaluation, jobs within the hospital setting and supported work in the community. Training and work assignments are designed to provide therapeutic benefit to the patients

and help them develop work habits and attitudes, self-confidence, skills in dealing with peers and supervisors, and other work skills necessary to succeed in further vocational training or jobs in the community as they leave the hospital setting.

### **Quality Improvement Program**

The Adolescent Unit has identified several quality improvement projects over the past several years. Using the APIE model, we have begun projects ranging from a very large scope such as the moving to a new residence for the boys unit, redefining our level system, altering the morning routine, altering the delivery of school to include the use of self contained classrooms and an emphasis on reducing aggression.

Our general treatment program has gone through many changes after assessing some difficulties in our treatment approach. We used our Service Management Team and chartered work groups to look at projects which included:

- a) assessing the need for and developing a mission statement, guiding principles, supporting values and treatment philosophy.
- b) assessing the need for and decreasing aggression, destruction of property and seclusion and restraint hours.
- c) assessing the need for target groups designed to meet the unique needs of our patient population.
- d) assessing the need for positive reinforcement for positive dorm behavior. Toward this end we have developed the "Gothcha Program," and a weekly community meeting and the New Heights program. We have trained the adolescent staff on Effective Praise and Corrective Teaching Techniques.
- e) assessing the need for greater family involvement through weekly contact, involvement in the treatment planning process, and information regarding changes in treatment plans. We have had greater family input in the treatment process and have included a monthly treatment update that is sent to families/treatment providers and guardians. We also have several "back to school nights."
- f) assessing the need for improved coordination and cooperation with our school program. We have placed PT staff in the classrooms and have weekly team meeting with school and clinical staff.
- g) assessing the need for individualized diagnostic driven treatment tracks. We identified that our treatment population fell into six categories which are as follow: Conduct management, Thinking and Problem solving, Affective stabilization, Executive Enhancement, Relationship Development, and Trauma survivor.

Quality improvement is an ongoing process for us as we continue to refine and improve our program. We will specifically continue to monitor the effectiveness of our strength based treatment program, team approach, level system, length of stay and reduction in seclusion restraint.

## YC PROTOCOL FOR POLICY APPROVAL

Suggested policy is written by YC employee or suggested by one of the patients and given to a member of the unit SMT.

During the policy portion of the SMT each Thursday new policies will be presented.

An action plan with assignments will be written in the SMT minutes.

Proposed policy is taken before the unit SMT and the policy is either rejected or accepted and placed in the unit program folder found in the F-Files.

An e-mail is sent out to all employees at the Youth Center explaining the new policy. (UND will forward policy to all nursing staff).

When appropriate, the policy is presented to the patients during weekly community meeting.

Special in-service or trainings will be given as deemed appropriate by the unit SMT.

## **Admission and Referral Procedures**

Boys and girls between the ages of 13 and 18 who are residents of the state of Utah may be admitted to the Utah State Hospital's Adolescent Program.

The primary responsibility for the Adolescent Program is to provide for the treatment needs of seriously emotionally disturbed youth. The adolescent must have a DSM IV diagnosis. The adolescent must have been examined by a designated examiner, must and continue to meet commitment criteria as described in UCA-62A-12-282(2), Neutral and Detached Fact Finder Determination.

Upon referral, we ask that the referring agency clearly define the presenting problem. We then ask that we work in a collaborative effort to determine treatment expectations, discharge criteria and discharge planning and placement. We ask for a minimum of monthly contact with the Mental Health liaison, DCFS worker or DYC worker throughout the adolescent's stay with more frequent involvement as discharge placement becomes more imminent. Difficult patients may require LIC or multi agency involvement from admission. We ask that DYC clients have a contempt order initiated by a juvenile court judge ordering the adolescent to cooperate with the treatment program.

## **Visiting Policy**

Adolescents may have family members and significant others visit them on the unit if they have been cleared and are listed on the visiting list which is compiled at the time of admission by the child's parent and the treatment coordinator.

Frequency and therapeutic value of the visit is considered when clearing visitors. Some visitors may be denied because of treatment issues. Visitors need to follow stated hospital policy regarding checking at the hospital switchboard in the administration building prior to going to the unit. Visitors will be assigned an area to visit when they arrive on the unit which will provide privacy during the visit.

Patients have the right to request and receive visits from clergy, attorney, or patient advocate.

It is suggested that visiting hours not interfere with school and treatment. Therefore, visiting hours during the weekdays are encouraged from 6 PM to 8 PM, and 9 AM to 8 PM on the weekends. Visiting at other times can be arranged with patient's treatment coordinator.

### **Phone Calls**

Each child has an approved phone list in his/her chart, indicating names and numbers and frequency of individuals they may call or receive calls from. This list is made at the time of admission and is compiled by parents or guardian and the treatment coordinator. Local Phone calls will be allowed daily per availability of office phone or otherwise indicated, as outlined per Youth Center Structure. Staff will assist in dialing the cleared numbers ( to assure that it is an approved number ) and then distance themselves from the child as they make the call. This is to ensure privacy but continued supervision. Patients can only be restricted from phone calls per doctor's order. This order will be reviewed weekly by the doctor supported by clinical justification. Patients have the right to telephone clergy, attorney, or patient advocate at any time during their stay unless behaviors do not demonstrate adequate control. Patients who are on DOS or SLS may receive or make a direct supervised call to immediate family, clergy, patient advocate or attorney as patient rights allow. Patients are allowed a long distance phone call once a week for five minutes. Additional calls must be approved by the patient's Treatment Coordinator and the Administrative Director.

### **Home Visits**

Home Visits are considered a very important part of the treatment at the Adolescent Center. The therapeutic goal of the visits is for the patient to have the opportunity to interact with their family as the transition process continues to reunite the family unit. Prior to the home visit, goals and expectations are clearly identified by the treatment coordinator and processed with the child and family. Home visits are an excellent tool to evaluate the progress of the child and the family. All of the adolescents do not have homes and families to visit, so home visits for these individuals are coordinated with relatives or foster homes. In order to give the pharmacy time to order medications and the unit to arrange for transportation, arrangements for home visits must be cleared by Wednesday of each week with the child's assigned social worker.

### **PATIENT GUIDELINES**

#### **CARDINAL RULES**

Respect self by not engaging in self abusive behaviors such as, banging head, scratching or cutting on body, or suicidal attempts, etc.

Respect others by not hitting, kicking, biting, spitting, or other actions that result in injury or cause pain. (Excessive taunting, teasing that causes emotional pain will be referred to TC or designee for possible consequence).

Show respect to others and environment by not stealing/destroying (or attempts to steal or damage) hospital or patient property.

Respect others by not threatening, enticing, or consensually performing sexual favors. Don't expose self or engage in public masturbation. Respect the bodies of others by not touching or groping their private body parts. Incidents of excessive sexual talk should be referred to TC for intervention.

No AWOL plans or attempts.

No contraband - anything currently outlined by the program that a patient is restricted from or not cleared to possess according to their level in the treatment program or outlined in the physician's orders;

- 1) Any sharp objects, weapons, or potential weapons, i.e., knives, glass, shanks, nails, razors, files, tools, personally designed weapons.
- 2) Illicit drugs, alcohol, over-the-counter medication or medication absconded during medication time.
- 3) Caustics and other potentially harmful substances.
- 4) Personal hygiene items not permitted according to unit policy.
- 5) Items believed to be stolen.
- 6) Magazines, posters, books and pictures deemed inappropriate as determined by unit policy or as specified by a doctor's written order.

Response: Breaking of all cardinal rules will result in a 24 hour SLS, and in some cases may also require a doctor's order for Direct Observation Status for safety purposes.

### **SLS STRUCTURE**

Completion of S.O.D.A.S sheet after breaking a Cardinal Rule.

\* Would remove self from area for a minimum of 5 minutes. During this time they would be encouraged to use coping skills to calm down.

\* When calm, (meaning they could talk without yelling, swearing or posturing) They would then process with tech and work through S.O.D.A.S. problem solving steps.

\* Once steps are completed, both patient and staff sign on form and put down time for 24 hour SLS for level 1's. Psych Tech will then give form to R.N. who will contact T.C. for additional processing if needed and review of plan within the next 24 hour period. If T.C. is not available, another T.C can cover, or Charge Nurse would sign off on plan.

\* Patient would follow solution plan on S.O.D.A.S. and not break Cardinal Rules. It would be up to RN to evaluate whether patient followed through with plan and can come off SLS, or if plan needs to be re-negotiated. It may be necessary to involve Doctor/TC or other members of treatment team if decision is difficult to make.

Note:

1. If a patient doesn't make responsible choices and/or requires seclusion or restraints, the 24 hour suspended level will be extended until all SODAS steps are completed. If SLS extends longer than 72 hours, an emergency treatment team meeting will be held.

2. It is expected that while on SLS they would attend school and therapy per RN discretion.

3. Some patients will require staff help with writing steps. Try and avoid making this an issue of further conflict. This is not an exercise in improving writing skills, rather an opportunity for each patient to review an incident and process alternative responses, and come up with a plan for the future.

4. If patient doesn't follow-through with SLS plan, a new plan must be re-

negotiated for another 24 hour period, or they would be given the option of completing a "respect and responsibility packet." Patient would then be off SLS upon completion of packet, or after 24 hour compliance of plan.

### **S.O.D.A.S.**

Date and time of incident:

1) What Situation led to you being placed on SLS and which Cardinal Rule was broken?

2) What Options (other things could you have done)?

3) What were the Disadvantages of your choice (what made it wrong and who was effected)?

4) Advantages (if you made the right choice what would have happened differently)?

5) Solution (what will you do when you are faced with the problem again and how can you make things right)?

Verbal Apology Yes \_\_\_\_\_ -or- Written Apology Yes \_\_\_\_\_

Patient \_\_\_\_\_ Staff \_\_\_\_\_

Date & Time completed \_\_\_\_\_ (write on white board)

Date & Time off SLS if plan if followed \_\_\_\_\_

RN/TC approval of plan \_\_\_\_\_

### **Colored Shirts**

T-Shirts have supplied to the GYD for youth to wear if they have been identified to have behaviors that require assigned staff or a 1:1. The patient can be easily identified by the staff when wearing the green shirt.

Green = Can leave dorm with either assigned staff or 1:1.

Nursing staff will be responsible to launder and give out clean shirts each day to patients.

Green shirts at school policy: Green shirts indicate that a patient should be watched for potential elopement/or harm to self or others while off dorm.

### **Destruction of Property**

Destruction of property will not be tolerated. Work hours may be assigned to the patient to serve as restitution. Charges may be filed with our security department then forwarded to Provo Police.

### **Hygiene**

Good hygiene and sanitation are essential to provide a safe and healthy environment. To maintain such an environment, patients are expected to:

Bathe and brush their teeth at least daily.

Keep hair clean and groomed.

Keep clothes clean, neat and mended.

Wash hands after using the rest room and before meals.

### **Housekeeping**



Assure personal areas of their rooms are clean and orderly, including locker, dresser, and bed area.

Bedding and linen must be changed once a week as per laundry schedule

### **Laundry**

All patients are responsible for their own laundry. Each patient will be assigned a specific laundry day.

### **Lending and Borrowing**

Patients are not allowed to borrow, lend, sell, or give away of property to other patients.

### **Limited Items**

Patients who bring items on admission which have been identified as inappropriate ( tape recorders, aerosol containers, hard rock posters, alcohol or tobacco advertisements, books that have a violent or sexual theme, expensive items, nail polish, glue etc.) will be stored in the basement storage area until the patients family can take the items home. Heavy ceramic items are to be stored in the basement until the family can take the items home due to the potential risk they pose if the patient chooses to use them as a weapon. Patients who misuse items on the unit such as radios can have the item limited for three days with proper documentation justifying the limitation. Any questionable items will be limited until reviewed by clinical staff.

### **Meals on Dorm**

On occasion patients are required to remain on dorm during meals for the following reasons: patients in seclusion or restraints, patients on dorm structure, patients on DOS or SLS, patients who have a medical reason, or patients who are disruptive at the cafeteria. Patients placed on MOD for acting out behaviors at the cafeteria will be on the limitation for three days. Documentation of the problems are to be noted in the BIRP note justifying limitation. If the limitation is to go on beyond three days the limitation is to be assessed and approved by clinical team. Patients who are on MOD due to acting out behaviors will remain in the main hallway or munchy room for staff supervision. Patients can have paper and pencils, a book, and may talk quietly with other patients. Trays will be brought back to the dorm for the patients to eat on the unit. Meals are to be eaten in the designated eating area. Patients who eat on the unit are expected to clean up the eating area. If the eating area is left uncleaned the patients will be given munchy limitation for three days.

### **Money**

Patients are allowed to carry \$3.00 on their person. They are allowed \$3.00 per week unless cleared by the TC and family to spend money on clothing items etc. The week runs from Sunday to Sunday. Patients may request money on a daily basis.

### **Munchies**

Munchies are to be eaten in the designated eating areas on both dorms. Dorm staff are in charge of munchies and will prepare munchies for the youth or allow them to have their personal food items. It is expected that the patients will participate in keeping this area clean. If patients take food outside of this area

they will be given three days munchy limitation. Snacks provided by the Dietary Department are considered part of the patients daily meal and can not be limited. If patients are refusing to eat meals provided at the cafeteria, then personal munchies such as candy, chips, cookies, etc will be limited until patients eating habits improve. Patients are allowed to have pop at munchy time in the specified areas. The cans must be turned in and pop tops must be intact when turned into the staff. Pop may be purchased with patients personal money.

### **Office Structure**

Patients are not allowed to enter the office with out permission from a staff member. Permission is given only if the staff need to interview a patient. Patient will not be given permission to enter the office to obtain personal items from the office, but will be given the items by a staff member. If a patient enters the office without permission they may be denied the item and they could be placed on SLS.

### **Personal Property**

Upon admission to the unit, all personal property will be labeled with the patient's name. Inappropriate items will be properly marked and placed in storage in the basement until they can be taken home. Patients are responsible for their personal items. Staff has a key to a locked storage unit in their room to safely store their personal items ( money, radio, and other valuables).

### **Unit Security**

Due to the high acuity of the adolescent population is has been assessed that there is a need for the staff to be providing constant and continuous supervision. Assigned staff are roving the unit continuously to provide general unit supervision such as checking doors, monitoring blind spots, and youth interactions to assure that the environment is safe.

### **Bedroom Structure**

1. In general, rooms will be locked between the hours of 0700 and 2100 hours.
2. When a patient needs to obtain items out of their room, that patient will be directly supervised no matter what their status.
3. The staff assigned to rove the dorm are responsible for checking the doors and rooms to assure that the doors have not been vandalized by the youth which would allow them into their room area unsupervised.
4. The only way patients are allowed into their rooms without direct supervision is if they are a level 2,3,4, and they sign in & out at the tech station  
Level 2 can be in their room a half hour per shift.  
Level 3 can be in their room 1 hour per shift.  
Level 4 can have 2 hours per shift.  
Levels 2-4 will be checked on every fifteen minutes by the rover staff.
5. Patients are not allowed to be in another patients room.
6. At no time can a patient provide supervision to another patient in a bedroom area.

### **Bathroom Structure**

The staff will provide direct supervision in the bathroom area of the dorm at all times. The bathroom will be locked at all times except:

- \* Minimum hourly bathroom breaks ( based on patients individual needs)

- \* Grooming and hygiene breaks

### **Sharps**

Personal items which pose a risk to the patient such as, scissors, sharpeners, etc. will be stored in the office in the sharps cupboard. Patients can check out sharps from the staff assigned to the sharps each shift. Patients who are on DOS or SLS are not allowed to check sharp items out of the office. Items such as scissors are to be used with direct staff supervision. All sharp items are to be turned into the office by 900 PM. The staff assigned to the sharps is responsible to count all sharps at the end of the shift and document in the sharps log that all items have been returned to the office. Patients who do not return the items to the office will be limited from sharps for three days with documentation completed in the patients chart justifying the limitation. If a youth continues to fail to return items the clinical team will assess the need to approve a longer limitation such as office item limitation or limitations longer than three days. (Safety pins are not allowed on the unit due to the risk they present. If a patient has torn clothing please assist them in sewing the item.)

### **Ward Cleanup**

The patients may volunteer to sign up and complete various cleaning duties on the dormitory.

Patients are expected to keep thier personal living areas clean and tidy.

### **Activities**

While patients are on integrated activities, patients can engage in appropriate conversation with no physical contact as explained below-

*EXCEPTIONS:* Patients will be allowed to have appropriate physical contact during dances, and skating activities etc. Staff will monitor integrated activities closely and help youth develope appropriate social boundries in these ttpes of activites.

### **Meals**

### **Dress Code**

The patients will be expected to adhere to the dress code as outlined by the East Wood High School :

1. Clothing should be modest ( no exposed private or sexual parts of the body). Casual beach wear or spots wear such as short shorts, tank / halter tops, spandex items are unacceptable. Ragged and tattered styles and "sagging and bagging" pants are unacceptable.
2. No "gang attire" clothing, hats, bandannas, jewelry, insignias, etc.
3. No hats may be worn in any classroom.
4. Hair should be neat and clean. No distracting and extreme hair styles.
5. Clothing that deals with sex, drug / tobacco, alcohol, or profanity are

- unacceptable.
6. Any attire is unacceptable if it increases risk -of-injury in the classroom ( i.e., sandals with no socks, loose baggy clothing around machinery, etc.).

e intact when turned into the office. Pop may be purchased with patients personal money.

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Upon admission to the unit, all personal property will be labeled with the patient's name. Inappropriate items will be properly marked and placed in storage in the basement until they can be taken home. Patients are responsible for their personal items. Staff has a key to a locked storage unit in their room to safely store their personal items ( money, radio, and other valuables).

### **Unit Security**

Due to the high acuity of the adolescent population is has been assessed that there is a need for the staff to be providing constant and continuous supervision. Assigned staff are roving the unit continuously to provide general unit supervision such as checking doors, monitoring blind spots, and youth interactions to assure that the environment is safe.

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3. The staff assigned to rove the dorm are responsible for checking the doors and rooms to assure that the doors have not been vandalized by the youth which would allow them into their room area unsupervised.
4. The only way patients are allowed into their rooms without direct supervision is if they are a level 2,3,4, and they sign in & out at the tech station  
Level 2 can be in their room a half hour per shift.  
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Level 4 can have 2 hours per shift.  
Levels 2-4 will be checked on every fifteen minutes by the rover staff.
5. Patients are not allowed to be in another patients room.
6. At no time can a patient provide supervision to another patient in a bedroom area.

### **Bathroom Structure**

The staff will provide direct supervision in the bathroom area of the dorm at all times. The bathroom will be locked at all times except:

- \* Minimum hourly bathroom breaks ( based on patients individual needs)
- \* Grooming and hygiene breaks

### **Adolescent Unit DOS Guidelines**

1. Patient must have 1-1 supervision with pencils on dorm. DOS patients may attend class (except shop) and may have access to pencils under the direct supervision of the teacher unless otherwise specified.
2. A patient may enter their room with staff supervision however, staff must retrieve requested items from their room or locker.
3. Bathroom breaks must be supervised (staff must be in the bathroom with the patient).
4. May watch TV educational programs during the school day, as cleared by RN.
5. Afternoon/Evening TV is O.K. at RN discretion.
6. May listen to radio per RN discretion.
7. When placed on DOS, a patient and his/her patient room may be shaken down as the need is assessed by the RN. Hospital shake down guidelines must be followed.
8. A DOS patient may be shaken down at any time as the need is assessed by the RN. Two staff must be present and the patient must be treated with dignity and respect. Hospital guidelines must be followed.
9. Wake up time is the same as the other patients.
10. The use of the fenced backyard, sports court and multi-purpose room is at RN discretion dependant on coverage and security issues and cannot be used after dark. DOS can no use craft room.
11. Board games are O.K. is staff approved.
12. Regular bed time.
13. Time of day to complete hygiene per staff discretion.
14. Patients can have no personal items, ie: belts, shoes, coats, money, locker key, stuffed animals, blankets, dolls, or make up. Shoes can be worn to school with laces removed. At school the youth must remove shoes while at school. Tape may secure shoes while walking to school or while participating in approved activity.
15. *Patients can only have sleeping items such as pillows and bedding, provided by the hospital in the DOS sleeping room.*
16. DOS patients may receive phone calls and visitors, however, DOS watch remains unless otherwise specified by doctor.
17. When a patient is taken off DOS, members of the treatment team will get together and decide which level would be most appropriate for them.

### **Red Light / Green Light Program for Adolescent Boys**

#### **Expectations for Green Light:**

Each patient is expected to complete the following with socially appropriate behavior: awaken on time, complete hygiene, follow morning and evening routine, keep room clean, attend and participate in school (receive at least a two

for school day), attend and participate in all PST (including groups, activities, & therapy).

**Additional Treatment Team target areas:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Red Light Behaviors:**

The following behavior will result in Red Light status: breaking of a Cardinal Rule (including aggression, self-harm, stealing, possessing contraband, attempts to or talk of running away), failure to complete morning and evening routine (including hygiene), poor school participation and or attendance (scored below a 2), refusing PST (therapy, groups, or activities), or not following additional target goals listed above.

**Green Light privileges:**

Patients who have maintained a Green Light will be able to participate in the following: attend off-ground activities (with treatment team approval), bedtime at 9:30 PM., off ground visits with 2 consecutive GL days, New heights activities with 3 consecutive days of GL, access to personal games/toys, eligible to participate in dorm store and munchy time, individual reinforcers (as set by staff), able to play the Nintendo, late night privileges on the weekends, and 1 hour free time in room per shift (except during school, activities, or other PST events).

**CAUGHT YOU DOING SOMETHING GOOD**

The purpose of this program is to reward positive behavior. Looking for the good things that are patients are trying to do. Doing the right things without prompting. For some of the patients it may be a small thing. For example: Showing control of anger; Showing positive behavior in the classroom; Helping others; Patients can't tell us when they do something good, we have to see it. When the patient is caught in the act of doing something good, the staff gives that patient a green "caught you". The green "caught you" is turned into the Rec. therapist for a prize. For each "caught you" turned in by a patient, their name is entered into for a weekly drawing for a super prize. To increase the patient's chances of winning, they can earn as many "caught ya's" as they can.

**Youth Center Boundaries Program**

- \* Patients on Boundaries watch must have a Doctor's Order and assigned a private room with nursing staff providing a hall watch after bedtime.
- \* When transporting patients on Boundaries Watch, staff will be assigned to sit on same seat in the van. When there is more than one patient per seat, staff will sit between patients.
- \* Any off unit activity (including transportation to and from meals, school, ect) will

have an assigned staff who provides line of sight supervision at all times including bathrooms.

- \* Home Visits approved case by case by Doctor/Tx Team.
- \* While at school, patient will have line of sight supervision.
- \* Patients will participate in Boundaries Group for a minimum of 8 weeks.
- \* Patients will be allowed to advance up the level system as long as they are participating in Boundaries Group, and meet all other requirements in the regular level system.
- \* If patients are suspected or caught engaging in inappropriate behaviors contact Doctor to assess the possible need to move to DOS until Tx team evaluation.

2/6/02

## **Youth Center Off-Grounds Policy**

### **\* Weekday 8-5 RT/School Activities**

Based on safety issues not levels. Patient lists are to be cleared in morning meeting with Doctor, Social Worker, Nursing, School, and Unit Administration.

### **\* New Heights( GYD) Thursday Evening**

Based on level system. Patients on level 3,4, or individual behavior plan equivalent. Patients may participate in Pre-approved SMT menu of activities. Any activity outside this list should be approved in morning meeting.

### **\* Weekend Off-Ground Activity**

Based on level system. Patients on 2,3, or 4 or Individual behavior plan equivalent. All nursing or RT Off-ground activities must be cleared in morning meeting prior to the activity.



## **COMMUNITY MEETING**

- \* **General Announcements**

- \***Environment Issues** (Discuss issues that relate to the use and respect of dorm and campus)

- \***Schedule Issues** (Discuss upcoming programming)

- \***Staff/Patient issues** (Discuss solutions or ways to improve respect between staff and youth)

- \***Policy Review** (Select one policy/rule each meeting and review with youth)

- \***Youth of the week** (Staff select one youth that has demonstrated a positive attitude during the past week. Praise and reward with caught ya's and or 1 dollar canteen script.

Utah State Hospital Adolescent/Youth

Unit General Ward Rules have been reviewed as of